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Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Northern District Of Illinois	_
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	ANDREW First name LYNN Middle name AKRE Last name Suffix (Sr., Jr., II, III)	LISA First name MARIE Middle name AKRE Last name Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
batanintoss			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 7 0 9 9 9 OR 9 xx - xx	xxx - xx - <u>5</u> <u>7</u> <u>5</u> <u>9</u> OR  9 xx - xx

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ANDREW LYNN AKRE

Debtor 1 ANDREW LYNN		Case number (if known)
First Name Middle	Name Last Name	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☑ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN -	EIN
	EIN	EIN
. Where you live		If Debtor 2 lives at a different address:
	304 W. WASHINGTON ST.  Number Street	Number Street
	MORRIS IL 60450	
	City State ZIP Code GRUNDY	City State ZIP Code
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

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ANDREW LYNN AKRE Case number (if known) Debtor 1 Middle Name Last Name Tell the Court About Your Bankruptcy Case Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing 7. The chapter of the for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 ☑ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ☐ No bankruptcy within the 05/30/2008 Case number 08-13825 Yes. District See Attachment 1 When last 8 years? MM / DD / YYYY When Case number MM / DD / YYYY When MM / DD / YYYY 10. Are any bankruptcy ☑ No cases pending or being Yes. Debtor Relationship to you filed by a spouse who is not filing this case with When Case number, if known you, or by a business MM/DD/YYYY partner, or by an affiliate? Debtor Relationship to you Case number, if known District MM / DD / YYYY 11. Do you rent your ☐ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

No. Go to line 12.

this bankruptcy petition.

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Debtor 1	ANDREW LYNN AKE			Case i	number (if known)_		
	First Name Middle Nam	e	Last Name				
	_						
Part 3	Report About Any B	usiness	es You Own as a Solo	e Proprietor			
	e you a sole proprietor	ĭ No. €	o to Part 4.				
	any full- or part-time siness?	☐ Yes.	Name and location of bus	iness			
	ole proprietorship is a						
bus	siness you operate as an ividual, and is not a	•	Name of business, if any				
	parate legal entity such as						
a c LL0	orporation, partnership, or		Number Street				1 1011
	ou have more than one						
sol	e proprietorship, use a						******
	parate sheet and attach it this petition.	,	City		State	ZIP Code	
			Gity		Oldio	Zii Oode	
	•		Check the appropriate bo	x to describe your business	s:		
			Health Care Business	(as defined in 11 U.S.C. §	101(27A))		
				tate (as defined in 11 U.S.C			
			_	ed in 11 U.S.C. § 101(53A)			
				s defined in 11 U.S.C. § 10			
			☐ None of the above	•	· //		
	- Alling Court	L. Company		- University		LLW	
Ch Ba are	e you filing under napter 11 of the inkruptcy Code and e you a <i>small busin</i> ess	can set a	appropriate deadlines. If y ent balance sheet, staten	the court must know wheth you indicate that you are a s ment of operations, cash-flor ist, follow the procedure in	small business w statement, a	debtor, you me and federal inco	ust attach your
	btor?	ĭ No.	I am not filing under Cha	oter 11.			
bus	r a definition of s <i>mall</i> siness debtor, see U.S.C. § 101(51D).		I am filing under Chapter the Bankruptcy Code.	11, but I am NOT a small b	ousiness debto	or according to	the definition in
			l am filing under Chapter Bankruptcy Code.	11 and I am a small busine	ess debtor acc	ording to the de	efinition in the
Part 4	Report if You Own	or Have	Any Hazardous Prope	erty or Any Property Ti	hat Needs I	mmediate A	ttention
	you own or have any	🖾 No					
	operty that poses or is eged to pose a threat	Yes.	What is the hazard?				
of	imminent and						
	entifiable hazard to ablic health or safety?						
Or	do you own any						
	operty that needs mediate attention?		If immediate attention is	needed, why is it needed?	}		
	r example, do you own						
pei tha	rishable goods, or livestock at must be fed, or a building at needs urgent repairs?			<u></u>			
	,		Where is the property?				
			,	Number Street			
				City		State	ZIP Code

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Debtor	1	
DEDIG	+	

ANDREW LYNN AKRE

ast Name	

_	_	
Caca	number	Lif known)

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether vou have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:	
-----------------	--

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

■ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

■ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so. ■ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-04031 Doc 1 Filed 02/10/16 Entered 02/10/16 11:05:48 Desc Main Document Page 6 of 69

ANDREW LYNN AKRE Case number (if known) Debtor 1 Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a, Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after 🔲 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and □ No administrative expenses Yes are paid that funds will be available for distribution to unsecured creditors? 25,001-50,000 **I** 1-49 1,000-5,000 18. How many creditors do you estimate that you **50-99 50,001-100,000** 5,001-10,000 owe? 10,001-25,000 ■ More than 100,000 **100-199** 200-999 19. How much do you \$500,000,001-\$1 billion **S0-\$50,000** ■ \$1,000,001-\$10 million estimate your assets to \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$50,001-\$100,000 be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion ■ \$100,000,001-\$500 million ☐ More than \$50 billion □ \$500,001-\$1 million \$500,000,001-\$1 billion ☐ \$1,000,001-\$10 million 20. How much do you \$0-\$50,000 estimate your liabilities ■ \$10,000,001-\$50 million □ \$1,000,000,001-\$10 billion \$50,001-\$100,000 to be? \$10,000,000,001-\$50 billion \$100,001-\$500,000 \$50,000,001-\$100 million \$100,000,001-\$500 million ■ More than \$50 billion □ \$500,001-\$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11. United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. S/LISA MARIE AKRE

Signature of Debtor 1

Executed on 02/05/2016

MM / DD /YYYY

Signature of Debtor 2

Executed on 02/05/2016

MM / DD / YYYY

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Debtor 1 ANL First Na				and growth and the state of the
N. S.				ALCOHOLOGICA CONTRACTOR CONTRACTO
For your attorn represented by	one	to proceed under Chapter 7, 11, 12, available under each chapter for wh the notice required by 11 U.S.C. § 3	ed in this petition, declare that I have info or 13 of title 11, United States Code, and ich the person is eligible. I also certify the 42(b) and, in a case in which § 707(b)(4)(	I have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no
f you are not re by an attorney, need to file this	you do not	, ,	nformation in the schedules filed with the	petition is incorrect.
need to the tins	page.	s/James M. Durkee	Date	02/05/2016
		Signature of Attorney for Debtor		MM / DD /YYYY
		James M. Durkee		
		Printed name		
		Malmquist and Geiger		
		Firm name		
		415 Liberty St.		
		Number Street		
		Morris	lL	60450
		City	State	ZIP Code
		Contact phone (815) 942-5072	Email address	jimdurkee@mglawoffices.com
		6296297	IL	
		Bar number	State	

Attachment
Debtor: ANDREW LYNN AKRE Case No:

Attachment 1
NORTHERN DISTRICT OF ILLINOIS

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First Name Middle Name Last Name	f Name		LYNN	ANDREW	Debtor 1
IISA MARIE AKRE	c : rains	Last Name	Middle Name	First Name	·
Debtor 2 LION WINCE		AKRE	MARIE	LISA	Debtor 2
(Spouse, if filling) First Name Middle Name Last Name	t Name	Last Name	Middle Name	) First Name	(Spouse, if filing)
United States Bankruptcy Court for the: Northern District of Illinois	ois	strict of Illinois	for the: Northern Di	Bankruptcy Court fo	United States I

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

o you own or have any legal or equitable inter	est in any residence, building, land, or similar prop	erty?	
No. Go to Part 2.			
Yes. Where is the property?  1.1.  Street address, if available, or other description	What is the property? Check all that apply.  ☐ Single-family home  ☐ Duplex or multi-unit building  ☐ Condominium or cooperative  ☐ Manufactured or mobile home	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	i claims on Śchedule L ns Secured by Property
City State ZIP Code	Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other Information you wish to add about this if	Check if this is co (see instructions)	mmunity property
f you own or have more than one, list here:	property identification number:		
1.2. Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule ns Secured by Proper
Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of portion you own
City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	of your ownership simple, tenancy by
County	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property

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Case number (if known)

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1.3.	Street address, if available	or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Street address, it available	e, or other description	Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property?  \$	Current value of the portion you own?
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County		Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another  Other information you wish to add about this ite property identification number:	em, such as local	
			II of your entries from Part 1, including any entries		\$
Part 2:	Describe Your \	/ehicles			
Do you you you own	own, lease, or have leg that someone else drive , vans, trucks, tractors	al or equitable intere s. If you lease a vehicl	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts, motorcycles		S
Do you own 3. Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo es	al or equitable interes. If you lease a vehicles sport utility vehicles	le, also report it on Schedule G: Executory Contracts	and Unexpired Leases.  Do not deduct secured clause amount of any secure	aims or exemptions. Put d claims on Schedule D:
Do you own 3. Cars	own, lease, or have leg that someone else drive, vans, trucks, tractors, lo es  Make:  Model:  Year:  Approximate mileage:	al or equitable interes. If you lease a vehicles, sport utility vehicles	te, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one.	and Unexpired Leases.  Do not deduct secured clause amount of any secure Creditors Who Have Claim	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
Do you own 3. Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo les Make: Model: Year:	al or equitable interests. If you lease a vehicles sport utility vehicles  CHEVROLET  See  2007	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D; ms Secured by Property. Current value of the
Do you own 3. Cars  N X Y	own, lease, or have leg that someone else drive, vans, trucks, tractors, lo es  Make:  Model:  Year:  Approximate mileage:	al or equitable interes. If you lease a vehicles sport utility vehicles  CHEVROLET  See  2007  100000	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Do you own 3. Cars  N X Y	own, lease, or have leg that someone else drive , vans, trucks, tractors , lo fes  Make:  Model:  Year:  Approximate mileage:  Other information:	al or equitable interes. If you lease a vehicles sport utility vehicles  CHEVROLET  See  2007  100000	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$ 2,804.00  aims or exemptions. Put d claims on Schedule D:
Do you own  3. Cars  N  X  Y  3.1.	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo fes  Make:  Model:  Year:  Approximate mileage:  Other information:	al or equitable interes. If you lease a vehicles s. If you lease a vehicles sport utility vehicles CHEVROLET See 2007 100000 one, describe here:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?  \$ 2,804.00  Do not deduct secured clithe amount of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$ 2,804.00

Debtor 1

First Name

Middle Name

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Middle Name

3.3.	Make: Model:	Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
	Year:	Debtor 1 and Debtor 2 only	Current value of the		
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?	
	Other information:				
		☐ Check if this is community property (see instructions)	\$	\$	
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla		
	Model:	Debtor 1 only	the amount of any secured Creditors Who Have Clain		
	· · · · · · · · · · · · · · · · · · ·	Debtor 2 only	,	,	
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	portion you own?	
	Approximate mileage:	At least one of the debtors and another	ommo proporty.	,	
	Other information:	<b>—</b> — <b>D</b>	¢	\$	
		☐ Check if this is community property (see instructions)	Ψ	Ψ	
	• •	and other recreational vehicles, other vehicles, and acces			
Evan	nples: Boats, trailers, motors, persona	ıl watercraft, fishing vessels, snowmobiles, motorcycle accesso	ries		
L.Aur					
⊠ N	lo				
	•				
⊠ i⁄ □ Y	res	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put	
X N	Yes Make:	Who has an interest in the property? Check one.  ☐ Debtor 1 only	Do not deduct secured cla	d claims on <i>Schedule D:</i>	
⊠ i⁄ □ Y	res	Debtor 1 only	the amount of any secure Creditors Who Have Clain	d claims on <i>Schedule D:</i>	
⊠ i⁄ □ Y	Yes Make:	☐ Debtor 1 only ☐ Debtor 2 only	the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.	
⊠ i⁄ □ Y	Make:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	d claims on <i>Schedule D:</i>	
⊠ i⁄ □ Y	Make: Model: Year:	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the	
<ul><li>✓ N</li><li>✓ Y</li><li>4.1.</li></ul>	Make: Model: Year: Other information:	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Claim Current value of the	d claims on Schedule Dans Secured by Property.  Current value of the portion you own?	
<ul><li>✓ N</li><li>✓ Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  u own or have more than one, list here	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.	the amount of any secure Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim  Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  u own or have more than one, list here	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim the amount of any secure Creditors Who Have Claim  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here  Make:  Model:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim  Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here  Make:  Model:  Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim the amount of any secure Creditors Who Have Claim  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here  Make:  Model:  Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim the amount of any secure Creditors Who Have Claim  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the	
<ul><li>▲ N</li><li>Y</li><li>4.1.</li></ul>	Make:  Model:  Year:  Other information:  Jown or have more than one, list here  Make:  Model:  Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	the amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim the amount of any secure Creditors Who Have Claim  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the	

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Debtor 1

ANDREW LYNN Middle Name Document

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Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions.

	or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	O CONTRACTOR OF THE CONTRACTOR
□ No	are we wan
HOUSEHOLD GOODS INCLUDING LA-Z-BOY CHAIR, XBOX 360, PLAYSTATION 4, ROCKBAND,	-1 040 00
Yes, Describe See Attachment 2	\$ <u>1,840.00</u>
	The state of the s
7. Electronics	aper v v v v
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music	***************************************
collections; electronic devices including cell phones, cameras, media players, games	S ADMEC
☑ No puramount	0.000 AVENUE AVE
Yes. Describe	•
	\$
	TOTAL WAY
8. Collectibles of value	A STATE OF THE PERSON AS A STATE OF THE PERSON
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	il de la companya de
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	v comment
No □	
Yes. Describe	\$
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	V STATE OF S
and kayaks; carpentry tools; musical instruments	er av V val
□ No	1 4 A A A A A A A A A A A A A A A A A A
Yes. DescribePROOF SETS	-100.00
Tes. Describe	\$ <u>100.00</u>
10. Firearms	***************************************
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	and
□ No	1
Yes, Describe,	\$210.00
	T
11. Clothes	** A Marian Mari
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	AA AAA AA
No ,	e de electrica de la constanta
	, and a second
Yes. Describe	\$
	TO THE STATE OF TH
40 Tevreller	0.00
12. Jewelry	90 V W W W W W W W W W W W W W W W W W W
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	A Sign and A
	4 Chilbren
No   No   PEARL NECKLACE AND WEDDING BANDS   PEARL NECKLACE AND WEDING BAND WEDDING BAND WEDDING BAND WEDING BAND WEDDING BAND WEDING BAND WEDDING BAND WEDING BAND WEDING BAND WEDDING BAND WE	200.00
Yes. DescribePEARL NECKLAGE AND WEDDING BANDS	\$ 300.00
do New Animala	I and a very contract of the c
13. Non-farm animals	THE ACT OF
Examples: Dogs, cats, birds, horses	er venne.
■ No	*And annual of
Yes. Describe	\$
	<b>"</b>
A Survey of the	v denkylssi.
14. Any other personal and household items you did not already list, including any health aids you did not list	2000
☑ No	**************************************
☐ Yes. Give specific	
information	\$
1	
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$2,450.00
for Part 3. Write that number here	· <u> · · · · · · · · · · · · · · · · · </u>
<u>L.</u>	Service of the control of the control of the service of the servic

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Debtor 1

ANDREW LYNN First Name Middle Name

Last Name

Case number (if known)\_

Part 4	Describe You	ır Financial Assets		
Do yo	u own or have any l	egal or equitable interest in a	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. <b>Cas</b>		nave in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petition	
X	No			
	Yes		Cash:	\$
17. <b>De</b> j <i>Ex</i> a	posits of money amples: Checking, sa and other sir	avings, or other financial accou milar institutions. If you have m	nts; certificates of deposit; shares in credit unions, brokerage houses ultiple accounts with the same institution, list each.	
	No Yes		Institution name:	
		17.1. Checking account:	CHASE BANK	\$10.62
		17.2, Checking account:	FIRST NORTHERN CREDIT UNION	<u>\$5.52</u>
		17.3. Savings account:		\$
		17.4. Savings account:		\$
		17.5. Certificates of deposit:		\$
		17.6. Other financial account:		\$
		17.7. Other financial account:		\$
		17.8. Other financial account:		\$
		17.9. Other financial account:		\$
Exe	amples: Bond funds,	or publicly traded stocks investment accounts with brok	erage firms, money market accounts	
	No Yes	Institution or issuer name:		
				. \$
				- \$
	n-publicly traded st LLC, partnership, a		rated and unincorporated businesses, including an interest in	
	No	Name of entity:	% of ownership:	
	Yes. Give specific information about		%	\$
	them		%	\$
			%	\$

Middle Name

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Debtor 1

ANDREW LYNN

First Name

Last Name

Case number (if known)

Negotiable instruments is	rate bonds and other negotiable and non-negotiable instruments nclude personal checks, cashiers' checks, promissory notes, and money orders. nts are those you cannot transfer to someone by signing or delivering them.	
<ul><li>☑ No</li><li>☐ Yes. Give specific information about</li></ul>	Issuer name:	
them		<u> </u>
		<u> </u>
		<b></b> \$
21. Retirement or pension  Examples: Interests in IF	accounts A, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing	g plans
☐ No		
Yes. List each account separately	Type of account: Institution name:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	401(k) or similar plan: EXELON	\$8,630.91
		•
	Pension plan:	Φ
	IRA:	
	Retirement account:	
	Keogh:	<u> </u>
	Additional account:	<u> </u>
	Additional account:	\$
	deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
Yes	Institution name or individual:	
	Electric:	<b>\$</b>
	Gas:	<b></b> \$
	Heating oil:	<u> </u>
	Security deposit on rental unit:	\$
	Prepaid rent:	<del></del> \$
	Telephone:	<b>\$</b>
	Water:	<b>\$</b>
	Rented furniture:	<b>\$</b>
	Other:	<u> </u>
	a periodic payment of money to you, either for life or for a number of years)	
☑ No	leaves name and deparintion:	
<b>└</b> Yes	Issuer name and description:	\$
		 \$
		\$

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Debtor 1

ANDREW LYNN First Name Middle Name

Case number (if known)

24. Interests in an education IRA 26 U.S.C. §§ 530(b)(1), 529A	A, in an account in a qualified ABLE program, or under a qualified b) and 529(b)(1)	state tuition program.	
☑ No	by, and 025(5)(1).		
☐ Yes			<b>.</b>
_ 100	Institution name and description. Separately file the records of any in	tterests.11 U.S.C. § 521(0	;);
		_	\$
		,	\$
			,
25. Trusts, equitable or future in exercisable for your benefit	terests in property (other than anything listed in line 1), and right	s or powers	
⊠ No			
Yes, Give specific			7
information about them			\$
			l
	arks, trade secrets, and other intellectual property		
•	mes, websites, proceeds from royalties and licensing agreements		
☑ No			
Yes. Give specific information about them			\$
inormation about them			
27. Licenses, franchises, and o	ther general intangibles		
	xclusive licenses, cooperative association holdings, liquor licenses, pr	ofessional licenses	
☑ No			
Yes. Give specific			
information about them			\$
Money or property owed to you 28. Tax refunds owed to you	?		Current value of the portion you own? Do not deduct secured claims or exemptions.
⊠ No		······································	
Yes. Give specific information		Federal:	\$
about them, including you already filed the		State:	\$
and the tax years	!	Local:	\$
	The state of the s		
oo Family average			
29. Family support  Examples: Past due or lump s	um alimony, spousal support, child support, maintenance, divorce set	llement, property settleme	ent
☑ No	2, -p	(Fr 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
Yes. Give specific informa	fion	w manage	
Tes. Give opecatio intolinio		Alimony:	\$
		Maintenance:	\$
		Support:	\$
		Divorce settlement:	\$
		Property settlement:	\$
30. Other amounts someone ov	ZOS NOU	. <del></del>	
Examples: Unpaid wages, dis	ability insurance payments, disability benefits, sick pay, vacation pay, nefits; unpaid loans you made to someone else	workers' compensation,	
☑ No		LANGERT AND THE PROPERTY OF TH	
Yes. Give specific information	tion		
			\$

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Debtor 1

ANDREW LYNN First Name Middle Name **AKRE** 

Last Name

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31. Interests in insurance		ce: health savings account (	HSA); credit, homeowner's, or renter's insurance	
•	binty, or me moderan	ico, nediai odvingo docodin (i	To y God, noncomici o, er temer o mostanos	
<ul> <li>☒ No</li> <li>☐ Yes. Name the insu</li> </ul>	rance company and list its value	Company name:	Beneficiary:	Surrender or refund value;
or each policy	and hot no value			\$
				\$
				\$
22 Any interest in prepar	dy that ie duo you	from someone who has di	od.	
	ry of a living trust, e		surance policy, or are currently entitled to receive	
⊠ No				
Yes. Give specific in	nformation			\$
		E CONTRACTOR CONTRACTO		
		not you have filed a lawsues, insurance claims, or rights	it or made a demand for payment s to sue	
No		E TO THE TOTAL PROPERTY OF THE		manuf.
Yes. Describe each	claim			\$
to set off claims	unliquidated claim	ns of every nature, including	g counterclaims of the debtor and rights	
⊠ No	г	A AD		7
Yes. Describe each	ı claım			\$
	-			
35. Any financial assets y	ou did not already	/ list		
No No Sharanaisa i				
Yes. Give specific i	mormation			\$
oo addaha dallausaha aa		a from Dout & Including or	w aution for pages you have attached	
			y entries for pages you have attached	<u>\$8,647.05</u>
				<u> </u>
				autotta ainateka eta ileaskio maaalikitoimii toi eatka ai tittisti että e
Part 5: Describe A	Anv Business-l	Related Property You	ı Own or Have an Interest In. List any r	eal estate in Part 1.
	ny legal or equital	ble interest in any business	s-related property?	
No. Go to Part 6.				
Yes. Go to line 38.				
				Current value of the portion you own?
				Do not deduct secured claims
				or exemptions.
38. Accounts receivable of	or commissions yo	ou already earned		
X No				7
Yes. Describe				\$
			ALL	T
39. Office equipment, furi		-	machines, rugs, telephones, desks, chairs, electronic devices	3
X No	Joinpatoro, conwait	o, monormal printers, copiers, rev		•
Yes. Describe				s
l <sub>m</sub>	PARTY CAMINITATION - F	· · · · · · · · · · · · · · · · · · ·		

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Debtor 1

ANDREW LYNN Middle Name **AKRE** 

Case number (if known)

40. Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade	and distribution of the second
ĭ No		Ti
Yes. Describe		\$
S. S		
41.Inventory		
Yes. Describe		\$
<u> </u>		•
42. Interests in partnershi	ps or joint ventures	
No Yes. Describe	Name of entity: % of ownership:	
	Name or entity: % of ownership.	\$
	%	\$
en vendida a vanza	%	\$
43 Customer lists mailin	g lists, or other compilations	
⊠ No		
-	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
⊠ No □ Yes. Desc	rihe	7
<b>—</b> 103, 2030		\$
44 Any business-related	property you did not already list	<u>.</u>
⊠ No	<b>,,</b>	
Yes. Give specific information		\$
		\$
YOU CHANGE YOU WANTED		\$
e ve programa de programa de la constanta de l		\$
n and an an and an and an an		\$
rear and and another from		\$
45. Add the dollar value o	of all of your entries from Part 5, including any entries for pages you have attached	\$0.00
for Part 5. Write that r	number here	
	and the state of t	manumining a samatimining of the control of the con
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or Have an Interest Ir	<b>}.</b>
lf you own o	have an interest in farmland, list it in Part 1.	
46. Do you own or have a	ny legal or equitable interest in any farm- or commercial fishing-related property?	
☑ No. Go to Part 7.		
Yes. Go to line 47.		A
TO A THORSE STANKS		Current value of the portion you own?
er v volondamento		Do not deduct secured claims or exemptions.
47. Farm animals		
Examples: Livestock, p	oultry, tarm-raised tish	
☑ No ☐ Yes		
		\$
Sales		

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Debtor 1

ANDREW LYNN First Name

**AKRE** 

Case number (if known)

48. Crops—either growing or harvested	1. Order of the Table of the Ta
☐ Yes. Give specific information	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  I No  I Yes	
	\$
50. Farm and fishing supplies, chemicals, and feed	during Memory Angelone
☑ No ☐ Yes	TO CONTRACT OF THE CONTRACT OF
	\$
51. Any farm- and commercial fishing-related property you did not already list  No	TOTAL PARTY AND THE STATE OF TH
☐ Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	The state of the s
53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership	des vertex val et ex
X No	\$
☐ Yes. Give specific information	\$
	<b>\$</b>
54. Add the dollar value of all of your entries from Part 7. Write that number here	\$
Part 8: List the Totals of Each Part of this Form	W W W W W W W W W W W W W W W W W W W
55. Part 1: Total real estate, line 2	\$ <u>0.00</u>
56. Part 2: Total vehicles, line 5 \$3,972.00	
57. Part 3: Total personal and household items, line 15 \$2,450.00	
58. Part 4: Total financial assets, line 36 \$8,647.05	To construct the second
59. Part 5: Total business-related property, line 45 \$\text{0.00}\$	A POLICE OF THE
60. Part 6: Total farm- and fishing-related property, line 52 \$0.00	
61. Part 7: Total other property not listed, line 54 + \$0.00	The state of the s
62. <b>Total personal property.</b> Add lines 56 through 61	+ \$15,069.05
63. Total of all property on Schedule A/B. Add line 55 + line 62.	\$ <u>15,069.05</u>

# Attachment Debtor: ANDREW LYNN AKRE Case No:

Attachment 1

**UPLANDER V6** 

Attachment 2

SAMSUNG BLUE-RAY PLAYER, POTS AND PANS, WOMEN'S APPAREL, MEN'S APPAREL, CHILDREN'S APPAREL, KENMORE WASHING MACHINE; PLASMA TELEVISION, SOFA; HP DESKTOP, HP PHOTOSMAR PRINTER, SAMSUNG CAMCORDER, SONY CAMERA; TROYBUILT LAWNMOWER

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			Document	<u>Page 20</u> of 69
Fill in this in	nformation to ide	entify your case:		
Debtor 1	ANDREW First Name	LYNN Middle Name	AKRE Last Name	
Debtor 2 (Spouse, if filing	LISA First Name	MARIE Middle Name	AKRE Last Name	
United States	Bankruptcy Court fo	or the: Northern Dis	strict of Illinois	
Case number (If known)				
Official I	Form 1060	?		

## 

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

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1		L	

**Identify the Property You Claim as Exempt** 

	ription of the property and line on A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description	See Attachment 1	\$ 990.00	☐ \$ ☑ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
Line from Schedule A	N/B: <u>6</u>		any applicable statutory limit	
Brief description	See Attachment 2	\$_10.62	<b></b>	735 ILCS 5/12-1001(b)
Line from Schedule A	NB: 17.1			
Brief description	See Attachment 3	\$ <u>5,52</u>	<b>X</b> \$ 5.52	735 ILCS 5/12-1001(b)
Line from Schedule A	VB: <u>17.2</u>		100% of fair market value, up to any applicable statutory limit	

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ANDREW LYNN AKRE

**Additional Page** 

Debtor 1

Brief descripti on <i>Schedule A</i>	on of the property and line /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	See Attachment 4	\$ 300.00	፟ \$	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	PROOF SETS	\$ <u>100.00</u>	▼ \$ 100.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	9		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 5	\$ <u>300.00</u>	<b>Ϫ</b> \$	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	RUGER LCP .380	\$ <u>210.00</u>	X \$ _210.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 6	\$ <u>450.00</u>	<b>⊠</b> \$	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 7	\$ <u>100.00</u>	X \$ 100.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 8	\$ <u>8,630.91</u>		11 USC § 522(b)(3)(C)
Line from Schedule A/B:	21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 9	\$ <u>1,168.00</u>	☑ \$ <u>1,168.00</u>	735 ILCS 5/12-1001(c)
Line from Schedule A/B:	3.2		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		. \$	s	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		. \$	_ 🖳 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		. \$	\$ \$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		. \$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

# Attachment Debtor: ANDREW LYNN AKRE Case No:

### Attachment 1

HOUSEHOLD GOODS INCLUDING LA-Z-BOY CHAIR, XBOX 360, PLAYSTATION 4, ROCKBAND, SAMSUNG BLUE-RAY PLAYER, POTS AND PANS, WOMEN'S APPAREL, MEN'S APPAREL, CHILDREN'S APPAREL, KENMORE WASHING MACHINE

Attachment 2

Checking Account with CHASE BANK

Attachment 3

Checking Account with FIRST NORTHERN CREDIT UNION

Attachment 4

PLASMA TELEVISION, SOFA

Attachment 5

PEARL NECKLACE AND WEDDING BANDS

Attachment 6

HP DESKTOP, HP PHOTOSMAR PRINTER, SAMSUNG CAMCORDER, SONY CAMERA

Attachment 7

TROYBUILT LAWNMOWER

Attachment 8

401(k) or Similar Plan with EXELON

Attachment 9

2004 HONDA CIVIC with 165000 miles.

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		Ľ	ocument	Page 2	3 of 69				
Fill in this i	nformation to i	lentify your case:							
Debtor 1	ANDREW LY	'NN AKRE							
	First Name	Middle Name	Last Name						
Debtor 2 (Spouse, if filing	LISA MARII First Name	E AKRE Middle Name	Last Name						
United States	Bankruptcy Court	for the: Northern Distric	t of Illinois						
Case number (If known)	·								cif this is an
Official	Form 10	6D_							·
Sched	dule D: C	creditors Who	o Have C	laims	Secure	d by P	roperty	/	12/15
information	i, If more space	ate as possible. If two mar is needed, copy the Addit ir name and case number	lional Page, fill it						

1.	Do any	creditors	have	claims	secured	by '	vour	property	٧?
		01001010	,,,,,,	91011110		~ ,	<i>,</i>	p. opo.c	, .

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

for each claim. If more than one creditor I	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
SANTANDER	Describe the property that secures the claim:	\$ <u>6,125.00</u>	\$ 2,804.00	<sub>\$</sub> 3,321.00
Creditor's Name P.O. BOX 560284 Number Street	2007 CHEVROLET UPLANDER V6 with 100000 miles.			
DALLAS         TX         75356           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	□ An agreement you made (such as mortgage or secured car loan)     □ Statutory lien (such as tax lien, mechanic's lien)     □ Judgment lien from a lawsuit     □ Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number 3 8 4 9			
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street	_	***************************************		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan)     Statutory lien (such as tax lien, mechanic's lien)     Judgment lien from a lawsuit			
At least one of the debtors and another      Check if this claim relates to a community debt	Other (including a right to offset)	_		
_	☐ Other (including a right to offset)	_		

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Fill in this in	formation to identify	your case:		Ü
Debtor 1	ANDREW LYNN			
	First Name	Middle Name	Last Name	
Debtor 2	LISA MARIE AK	RE		
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court for the:	Northern Distric	ct of Illinois	
Case number				

### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims			
1.	Do any creditors have priority unsecured claim:	s against you?			
	☑ No. Go to Part 2.				
	☐ Yes.				
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list th a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim	at claim he ame, If you	ere and show b I have more tha	oth priority and an two priority
	(For an explanation of each type of claim, see the i	nstructions for this form in the instruction booklet.)	Total cla	and the common and the first continues and the second continues and the	
2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street	When was the debt incurred?			
	миния Оцев	As of the date you file, the claim is: Check all that apply			
	City State ZIP Code	☐ Contingent☐ Unliquidated			
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Disputed			
*	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
Acceptance of the second	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated  Other. Specify			
	□ No □ Yes	Other: Specify	•		
2,2		Last 4 digits of account number	\$	*	\$
	Priority Creditor's Name	When was the debt incurred?	*	*	<del>*</del>
	Number Street	As of the date you file, the claim is: Check all that apply	ı.		
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Town of BRIGRITY was a second at also			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	<ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
-	Is the claim subject to offset?	Other, Specify			
	□ No				
ŧ	∏ Vec				

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Debtor 1

ANDREW LYNN AKRE
First Name Middle Name

Last Name

Part 2:	List All of Your NONPRIORITY Unsecured Claims
---------	---

4.1 AGHA MEDICAL INC.  Nonpriority Creditor's Name  1603 WOODLAND LN.  Number Street  BOLINGBROOK IL  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  A. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. For each claim listed, identify what type of a priority unsecured claim, list the other creditors in Part 3. If you have fill out the Continuation Page of Part 2.  Last 4 digits of account number	claim it is. Do not list claims already e more than four priority unsecured claims  Total claim  \$35.70
Nonpriority Creditor's Name  1603 WOODLAND LN.  Number Street  BOLINGBROOK IL 60490  City State ZIP Code As of the date you file, the claim is: Ch  Who incurred the debt? Check one.  Debtor 1 only  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Ch	
Nonpriority Creditor's Name  1603 WOODLAND LN.  Number Street  BOLINGBROOK IL 60490  City State ZIP Code As of the date you file, the claim is: Ch  Who incurred the debt? Check one.  Debtor 1 only  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Ch	<u>\$33.70</u>
Men was the debt incurred?	
BOLINGBROOK IL 60490 City State ZIP Code As of the date you file, the claim is: Ch Who incurred the debt? Check one.  Debtor 1 only  As of the date you file, the claim is: Ch Unliquidated Disputed	eck all that apply.
Who incurred the debt? Check one. ☐ Unliquidated ☐ Debtor 1 only ☐ Disputed	
· · · · · · · · · · · · · · · · · · ·	
Debtor 2 only  Debtor 1 and Debtor 2 only  Type of NONPRIORITY unsecured controls  Typ	aim:
☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation a that you did not report as priority claims	
Is the claim subject to offset?     □ Debts to pension or profit-sharing plans       ☑ No     ☑ Other. Specify Medical Services       □ Yes	, and other similar debts
Nonpriority Creditor's Name  When was the debt incurred?	
620 N. RIVER DR., SUITE 104  Number Street	
NAPERVILLE IL 60563  City State ZIP Code As of the date you file, the claim is: Ch	eck all that apply.
Who incurred the debt? Check one.	
☐ Debtor 1 only ☐ Disputed ☐ Debtor 2 only	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Student loans ☐ Type of NONPRIORITY unsecured c ☐ Student loans	aim:
☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt	
Is the claim subject to offset?  ☑ Debts to pension or profit-sharing plans ☑ No ☑ Other. Specify Medical Services ☐ Yes	
AT&T Last 4 digits of account number	— — <sub>\$</sub> 143.30
Nonpriority Creditor's Name  When was the debt incurred?  C/O DIVERSIFIED CONSULTANTS, INC. P.O. BOX 551268	
Number Street	
City State ZIP Code As of the date you file, the claim is: Ch	еск ан тат арру.
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  Unliquidated Disputed	
Debtor 1 and Debtor 2 only  Type of NONPRIORITY unsecured c	laim:
At least one of the debtors and another  Student loans	
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation a that you did not report as priority claims ☐ Is the claim subject to offset? ☐ Obligations arising out of a separation a that you did not report as priority claims	
☐ Debts to pension or profit-sharing plans ☐ No ☐ Yes ☐ Other. Specify UTILITY	, and other similar debts 

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Debtor 1

ANDREW LYNN AKRE

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	er listing any entries on this page, number them beginning with 4.	5, followed by 4.6, and so forth.	Total claim
4.4	ATG CREDIT Nonpriority Creditor's Name  1700 W. CORTLAND ST., SUITE 2 Number Street CHICAGO IL 60622 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number	\$ <u>23.00</u>
4.5	ATI PHYSICAL THERAPY Nonpriority Creditor's Name  C/O TRANSWORLD SYSTEMS 507 PRUDENTIAL RD. Number Street  HORSHAM PA 19044  City State ZiP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	<u>\$ 187.60</u>
4.6	CAPITAL ONE BANK, N.A.  Nonpriority Creditor's Name  See Attachment 1  Number Street  NORFOLK VA 23502  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Last 4 digits of account number	\$ 308.72

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Debtor 1

Part 2:

ANDREW LYNN AKRE First Name Middle Name

Last Name

Your NONPRIORITY Unsecured Claims —Continuation Page

er listing any entries on this page, number them beginning with	1 4.5, followed by 4.6, and so forth.	Total clai
CHOICE RECOVERY	Last 4 digits of account number	\$ <u>117.00</u>
Nonpriority Creditor's Name 1550 OLD HENDERSON RD. ST	When was the debt incurred?	
Number Street COLUMBUS OH 43220	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes	<ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Medical Services</li> </ul>	
COAL CITY DENTAL CENTER Nonpriority Creditor's Name	Last 4 digits of account number 6 1 0 0  When was the debt incurred?	\$ 81.00
645 E. DIVISION  Number Street	_	
COAL CITY IL 60416	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
☐ Debtor 1 only	— Displace	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐	Student loans	
	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ☑ No ☐ Yes	☑ Other. Specify Dental Services	
ENHANCED RECOVERY CO	Last 4 digits of account number	<u>\$ 143.0</u>
Nonpriority Creditor's Name 8014 BAYBERRY RD.	When was the debt incurred?	
Number Street  JACKSONVILLE FL 32256	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ☑ No ☐ Yes	Other. Specify Medical Services	

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Debtor 1

ANDREW LYNN AKRE

Middle Name

First Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.10 Last 4 digits of account number \$ 42.07 ENT SURGICAL CONSULTANTS LTD. Nonpriority Creditor's Name When was the debt incurred? 2201 GLENWOOD AVE. Number Street As of the date you file, the claim is: Check all that apply. 60435 **JOLIET** Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ No Yes 4.11 s 20.20 Last 4 digits of account number EPIC GROUP, S.C. Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 88087 Number Street As of the date you file, the claim is: Check all that apply. **CHICAGO** 60680 Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ■ Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify Medical Services **⊠** No Yes \$464.00 4.12 Last 4 digits of account number FIRST PREMIER BANK Nonpriority Creditor's Name When was the debt incurred? 601 S. MINNESOTA AVE. Number Street As of the date you file, the claim is: Check all that apply. 57104 SIOUX FALLS SD ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ⊠ No Yes

Debtor 1

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Part 2:		
P 1 4		
	100	74

### Your NONPRIORITY Unsecured Claims —Continuation Page

Afte	er listing any entries on this page, number them beginning with 4.5	5, followed by 4.6, and so forth.	Total claim
4.13	GM FINANCIAL	Last 4 digits of account number 1 5 3 0	\$ 11,612.88
	Nonpriority Creditor's Name 4001 EMBARCADERO	When was the debt incurred?	
	Number Street ARLINGTON TX 76014	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☑ Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify VEHICLE DEFICIENCY CLAIM	
	□ No		
	Yes		
4.14	HINSDALE ORTHOPAEDICS	Last 4 digits of account number	\$ 135.80
	Nonpriority Creditor's Name	When was the debt incurred?	
	P.O. BOX 914 Number Street	The Had the dest mounted.	
	LA GRANGE IL 60525	As of the date you file, the claim is: Check all that apply.	
	City State ZiP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	Li Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Student loans	
	_	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?	Other. Specify Medical Services	
	☑ No ☐ Yes		
<b>4</b> .15	yyyyvoi voi kon kontaisiaatiinii ilmooto isei aalaan kantai noota kantai maanaa kantai ahaa ahaa ahaa ahaa ahaa		\$ 250.00
	INSTITUTE FOR PERSONAL DEVELOPMENT	Last 4 digits of account number	
	Nonpriority Creditor's Name  1401 LAKEWOOD DR., SUITE A	When was the debt incurred?	
	Number Street  MORRIS IL 60450	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Services	
	☑ No		
	☐ Yes		

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Debtor 1

ANDREW LYNN AKRE Middle Name

Document

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Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

Last Name

Afte	r listing any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
4.16	MIDSTATE COLLECTION SO	Last 4 digits of account number	\$ 200.00
	Nonpriority Creditor's Name P.O. BOX 3292	When was the debt incurred?	
	Number Street CHAMPAIGN IL 61826	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent☐ Unliquidated	nember of the first transfer of the first tr
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	The state of the s
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	To publication and the second
	Is the claim subject to offset?	☑ Other. Specify Medical Services	
	☑ No ☐ Yes		an amazan a mamada' waxa
4.17	MORRIS HOSPITAL	Last 4 digits of account number	\$ 5,681.23
	Nonpriority Creditor's Name 150 W. HIGH ST.	When was the debt incurred?	***************************************
	Number Street	As of the date you file, the claim is: Check all that apply.	
	MORRIS         IL         60450           City         State         ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another  Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	☑ No ☐ Yes		
4.18	NAVIENT	Last 4 digits of account number	\$ <u>2,458.38</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	P.O. BOX 9533 Number Street	As of the date you file, the claim is: Check all that apply.	
	WILKES-BARRE         PA         18773-9533           City         State         ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	☑ Debtor 1 only	Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:  Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?  ☑ No ☐ Yes	Other. Specify	

Debtor 1

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Afte	er listing any entries on this page, number them beginning with 4.	5, followed by 4.6, and so forth.	Total claim
.19	NORTH SUBURBAN GASTROENTEROLOGY ASSOC., S.C.	Last 4 digits of account number	\$ 77.62
	Nonpriority Creditor's Name	When was the debt incurred?	***************************************
	711 W. DEVON	when was the dept incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	PARK RIDGE         IL         60068           City         State         ZIP Code	☐ Contingent	
	·	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	At least one of the deptors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify Medical Services	
	☐ Yes		
.20		Last 4 digits of account number	s 605.00
	PORTFOLOIO RECOVERY ASSOCIATES Nonpriority Creditor's Name		Ψ
	120 CORPORATE BLVD. SUITE 1	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	NORFOLK VA 23502	<u> </u>	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	•	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical Services	
	☑ No ☐ Yes		
21		Last 4 digits of account number	<sub>\$_</sub> 354.12
	PRESENCE HEALTH Nonpriority Creditor's Name	Last 4 digits of decount number	
	PATIENT FINANCIAL SERVICES 621 17TH ST., SUITE 1800 Number Street	When was the debt incurred?	
	DENVER CO 80293	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Miles in succeed the delate of	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Tune of NONDBIODITY unaccured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify Medical Services	
	☑ No □ Yes		

Debtor 1

ANDREW LYNN AKRE

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Middle Name

Part 2:	Your NONPRIORITY	Unsecured	Claims	—Continuation	Page
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Afte	r listing any entries on this page, number them beginning with 4.5	5, followed by 4.6, and so forth.	Total claim
4.22	REZIN ORTHOPEDICS & SPORT	Last 4 digits of account number	\$ <u>173.00</u>
	Nonpriority Creditor's Name 1051 W. US RTE 6, SUITE 100	When was the debt incurred?	TALLESSEAL PROPERTY.
	Number Street MORRIS IL 60450	As of the date you file, the claim is: Check all that apply.	707074
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Services	
4.23	TEK-COLLECT INC. Nonpriority Creditor's Name	Last 4 digits of account number	\$ 78.00
	871 PARK ST.	When was the debt incurred?	
	Number Street COLUMBUS OH 43215	As of the date you file, the claim is: Check all that apply.	PROPERTY LANGUAGE
4.24	City State Z!P Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	□ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify UTILITY	1.064.50
4.24	THE CASH STORE Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$ 1,061.52</u>
	281 E. US RTE. 6	When was the debt incurred?	
	Number         Street           MORRIS         IL         60450           City         State         ZIP Code	As of the date you file, the claim is: Check all that apply.  □ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Personal Loan	

Document

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Case number (If known)

Debtor 1

ANDREW LYNN AKRE First Name Middle Name

Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

Afte	r listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.25	VISION FINANCIAL SERVICES	Last 4 digits of account number	\$ <u>116.00</u>
	Nonpriority Creditor's Name 1900 W. SEVERS RD.	When was the debt incurred?	
	Number Street LAPORTE IN 46350	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	□ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt Is the claim subject to offset?  ☑ № ☐ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services ☐ Other Specify Medical Services ☐ Other Specify Medical Services	
4.26	WORLD WIDE FINANCE	Last 4 digits of account number 8 3 1 6	\$ <u>2,125.00</u>
	Nonpriority Creditor's Name 1459 DIVISION ST.	When was the debt incurred?	
	Number Street MORRIS IL 60450	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?  ☑ No ☐ Yes	☑ Other. Specify Personal Loan	
4.27	CONTROL OF THE CONTRO	Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?  No Yes	Other. Specify	

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Debtor 1

-4	-

List Others to Be Notified About a Debt That You Already Listed

EYNOTE CONSULTING, INC.	On which entry in Part 1 or Part 2 did you list the original creditor?
220 W. CAMPUS DR., SUITE 102	Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
ARLINGTON HEIGHTS, IL 60004 ty State ZIP Code	
GM FINANCIAL	On which entry in Part 1 or Part 2 did you list the original creditor?
ame P.O. BOX 181145	Line <u>4.13</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
umber Street	☑ Part 2: Creditors with Nonpriority Unsecured
	Claims
ARLINGTON, TX 76096 iy State ZIP Code	Last 4 digits of account number 1 5 3 0
MERCHANTS' CREDIT GUIDE CO.	On which entry in Part 1 or Part 2 did you list the original creditor?
33 W. JACKSON BLVD. #700	Line $4.14$ of (Check one): $\square$ Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured Claims
CHICAGO, IL 60606	Last 4 digits of account number
CREDITOR'S DISCOUNT AND AUDITO COMPANY	On which entry in Part 1 or Part 2 did you list the original creditor?
<sub>ame</sub> I15 E. MAIN ST.	Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured
STREATOR, IL 61364	Last 4 digits of account number
ity State ZIP Code	
AW OFFICE OF MICHAEL R. NAUGHTON	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 10	Line $4.17$ of (Check one): $\square$ Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured Claims
MANILIATTANI BI GOMAO	
MANHATTAN, IL 60442 ity State ZIP Code	Last 4 digits of account number
MIRAMED REVENUE GROUP	On which entry in Part 1 or Part 2 did you list the original creditor?
DEPT 77304	Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street P.O. BOX 77000	☑ Part 2: Creditors with Nonpriority Unsecured Claims
DETROIT, Michigan 48277	Last 4 digits of account number
ity State ZIP Code	
DEPT OF ED/NAVIENT	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 9635	Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured Claims

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ANDREW LYNN AKRE

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Debtor 1

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

WORLD FINANCE CORP	On which entry in Part 1 or Part 2 did you list the original creditor?
306 E. HIGH ST.	Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	■ Part 2: Creditors with Nonpriority Unsecured Claim
MORRIS, IL 60450	Last 4 digits of account number 8 3 1 6
City State ZIP Code	
Name	On which entry in Part 1 or Part 2 did you list the original creditor?
telle	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street	☐ Part 2: Creditors with Nonpriority Unsecured Claims
Sity State ZIP Code	Last 4 digits of account number
3852 (NEUMANN) MILLER (1990 00 00 00 00 00 00 00 00 00 00 00 00	On which entry in Part 1 or Part 2 did you list the original creditor?
iame	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
lame	Line of (Check one):
lumber Street	Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP Code	Last 4 digits of account number
3000 41 (1982 EU)	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):
Rumber Street	Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
City State ZIP Code	

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Debtor 1

ANDREW LYNN AKRE
First Name Middle Name

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.				
		Total claim		
Total claims	6a. Domestic support obligations	6a.		
from Part 1	6b. Taxes and certain other debts you owe the government	6b. \$		
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$</u>		
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + <sub>\$</sub>		
	6e. Total. Add lines 6a through 6d.	6e. \$		
		Total claim		
Total claims	6f. Student loans	<sup>6f.</sup> \$2,458.38		
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>		
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <sub>\$0.00</sub>		
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i. + <sub>\$24,085.04</sub>		
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. \$26,543.42		

Attachment
Debtor: ANDREW LYNN AKRE Case No:

Attachment 1

C/O PORTFOLIO RECOVERY ASSOCIATES, LLC 120 CORPORATE BLVD.

Fill	in this ir	formation to iden	tify your c	ase:				
			KDE					
Det	otor	ANDREW LYNN A First Name		le Name	Last Name			
	otor 2	LISA MARIE AKE						
1 ' '	ouse if filing)			le Name	Last Name			
Uni	ted States	Bankruptcy Court for t	he: Norther	n District of Illino	ois			
Cas	se number							Observation in the second
()f k	(nown)							Check if this is an amended filing
					·	<u> </u>		2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Of	ficial F	orm 106G						
				Care		llhovnirod	Longon	4045
20	nea	ule G: Ex	ecuto	ery Cont	racts and	l Unexpired	Leases	12/15
info	mation.	ete and accurate a if more space is no ges, write your na	eeded, cop	y the additions	al page, fill it out, n	ogether, both are equal umber the entries, and	ly responsible for sup attach it to this page.	oplying correct On the top of any
1.	Do you l	nave any executor	y contract	s or unexpired	leases?			
						dules. You have nothing		
	Yes.	Fill in all of the info	mation bel	ow even if the c	ontracts or leases a	re listed on Schedule A/E	3: <i>Property</i> (Official For	m 106A/B).
2.	List sepa example unexpire	, rent, vehicle leas	n or comp se, cell pho	any with whom one). See the inc	you have the con structions for this for	tract or lease. Then sta m in the instruction book	te what each contract let for more examples	or lease is for (for of executory contracts and
	Person o	or company with w	vhom you	have the contra	act or lease	State what th	e contract or lease is	for
2.1								
	Name					_		
annual Ann		011				_		
	Number	Street						
	City		State	ZIP Code				SANAGO ET LIZZE SZENIKACIA DE REZUZZENYO OGO KOZOMA PERMITTI BOROV Ó TERMI
2.2		t (1994–1925) (1982–1925) (1994–1924) und Lucreau automate (1984–1924) (1994–1924)		56 mark 10 demonstration 10 demons 1 demons 1 demons 1	STEELS EAST CONTROL OF THE STEEL	VIVIO - TVV VARIA (17 14 (1800 - 1800		
	Name					_		
	Number	Street						
awaran da Adala	City		State	ZIP Code		marker and the later of the lat	A	CONTENTS
2.3	Acres			<u></u>	and the second s			
	Name					_		
-						_		
ALIEN AND AND AND AND AND AND AND AND AND AN	Number	Street						
overal control	City		State	ZIP Code				
2.4								

Name

Number

City

Name

Number

City

Street

Street

State

State

ZIP Code

ZIP Code

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Fill in this in	formation to ider	ntify your case:	
Debtor 1	ANDREW LYNN First Name	AKRE Middle Name	Last Name
Debtor 2	LISA MARIE AK	(RE	
(Spouse, if filing)	) First Name	Middle Name	Last Name
United States f	Bankruptcy Court for	the: Northern District of III	inois
Case number (If known)	<u> </u>		

### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	Hamber (II Kilowin). Allower dvory quodicin		
	Do you have any codebtors? (If you are filing a joint case, do □ No ☑ Yes	not list either spouse as	s a codebtor.)
2.	Within the last 8 years, have you lived in a community pro Arizona, California, Idaho, Louisiana, Nevada, New Mexico, P	perty state or territory? uerto Rico, Texas, Wasl	? (Community property states and territories include hington, and Wisconsin.)
	<ul><li>No. Go to line 3.</li><li>☐ Yes. Did your spouse, former spouse, or legal equivalent l</li></ul>	ive with you at the time?	•
	□ No		
	Yes. In which community state or territory did you live?		. Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equivalent		
	Number Street		
	City State	ZIP Code	
	in Column 1, list all of your codebtors. Do not include your shown in line 2 again as a codebtor only if that person is a Schedule D (Official Form 106D), Schedule E/F (Official Form 106D), Schedule E/F, or Schedule G to fill out Column 2.  **Column 1: Your codebtor**	a guarantor or cosigne	r. Make sure you have listed the creditor on
			Check all schedules that apply:
3.1			Schedule D, line
	Name		Schedule E/F, line
	Number Street		☐ Schedule G, line
	City State	ZIP Code	
3.2			O charles D. Fra
	Name		Schedule D, line
			Schedule E/F, line
	Number Street		☐ Schedule G, line
	City State	ZìP Code	
3.3			Schedule D, line
	Name		Schedule E/F, line
	Number		
	Number Street		Schedule G, line
	City	ZIP Code	<del></del>

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Be as complete and accurate as possible. If two married people are filing togeth supplying correct information. If you are married and not filing jointly, and your	ner (Debtor 1 and Debtor 2), both are equally responsible for
Schedule I: Your Income	12/15
Official Form 106l	MM / DD / YYYY
	☐ A supplement showing post-petition chapter 13 income as of the following date:
Case number(If known)	Check if this is:  An amended filing
United States Bankruptcy Court for the: Northern District of Illinois	
Debtor 2 LISA MARIE AKRE (Spouse, if filling) First Name Middle Name Last Name	
Debtor 1 ANDREW LYNN AKRE  First Name Middle Name Last Name	
Fill in this information to identify your case:	

use. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, at separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employm	ent					
. Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status		eď		<ul><li>Employed</li><li>Not employed</li></ul>	
Include part-time, seasonal, or self-employed work.	Occupation	SECURITY OFF	ICER		MEDICAL RECORDS	
Occupation may Include student or homemaker, if it applies.	•				MORRIS HOSPITAL 150 W. HIGH ST.	
	Employer's name	EXELON				
	Employer's address	35100 ILINOIS F	RTE. 53			
		Number Street			Number Street	
		BRACEVILLE, IL	60407		MORRIS, IL 60450	
		City	State	ZIP Code	City State ZIP Code	
	How long employed the	re? 7 YEARS			1 YEAR	
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	the date you file this form . ave more than one employe	er, combine the info			wite \$0 in the space. Include your non-filing for that person on the lines	
			<b>20</b>	For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, saldeductions). If not paid monthly,	ary, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2.	\$_6,001.60	\$ <u>1,720.14</u>	
. Estimate and list monthly over	rtime pay.		3	F \$ 0.00	+ \$ <u>0.00</u>	
4. Calculate gross income. Add li		4.	\$ <u>6,001.60</u>	\$ <u>1,720.14</u>		

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☐ No.

Yes. Explain:

ANDREW LYNN AKRE Debtor 1 Case number (if known), Middle Name For Debtor 1 For Debtor 2 or non-filing spouse \$ 6,001.60 \$ 1,720.14 Copy line 4 here 5. List all payroll deductions: 5a. Tax. Medicare, and Social Security deductions 5a. s 1,428.59 \$ 368.66 \$ 0.00 \$ 0.00 5b. Mandatory contributions for retirement plans 5b. 5c. \$ 0.00 \$ 0.00 5c. Voluntary contributions for retirement plans \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.00 5e. Insurance 5e. \$ 0.00 5f. \$ 0.00 5f. Domestic support obligations \$\_0.00 \$ 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: See Attachment 1 \$ 0.00 5h. + <sub>\$</sub> 750.38 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6 \$ 2,178.97 \$ 368.66 \$<u>3,</u>822.63 \$ 1,351.48 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$ 0.00 \$\_0.00 monthly net income. 8a. \$ 0.00 8b. Interest and dividends 8b. \$ 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$ 0.00 \$ 0.00 settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. 8e. Social Security \$ 0.00 \$ 0.00 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance 0.00 \$ 0.00 that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 + \$0.00十 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9 \$ 0.00 Calculate monthly income. Add line 7 + line 9. \$<u>1</u>,351.48 s 5,174.11 \$ 3,822.63 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5,174.11 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?

### **Addendum**

#### Attachment 1

**Description: DEPDNT LIFE-CHILD** 

Debtor's Amount: \$2.60 Spouse's Amount: \$0.00

**Description: DEPDNT LIF-SPOUSE** 

Debtor's Amount: \$2.10 Spouse's Amount: \$0.00

Description: ESP LOAN(S) Debtor's Amount: \$263.16 Spouse's Amount: \$0.00

Description: PRE-TAX DENTAL Debtor's Amount: \$38.33 Spouse's Amount: \$0.00

Description: PRE-TAX MEDICAL Debtor's Amount: \$338.85 Spouse's Amount: \$0.00

Description: PRE-TAX VISION/HEARING

Debtor's Amount: \$16.01 Spouse's Amount: \$0.00

**Description: SUPPLEMENTAL LIFE** 

Debtor's Amount: \$24.94 Spouse's Amount: \$0.00

**Description: UNION DUESPFPA 228** 

Debtor's Amount: \$64.39 Spouse's Amount: \$0.00

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Fill in this information to identify yo	our case:				
Debtor 1 ANDREW LYNN AKRE		Check if this	ie.		
Flist Name  Debtor 2 LISA MARIE AKRE	Middle Name Last Name				
(Spouse, if filing) First Name	Middle Name Last Name	An amend		•	etition chapter 13
United States Bankruptcy Court for the: N	orthern District of Illinois			he following	
Case number (If known)		MM / DD /	YYYY	_	
Official Form 106J					
Schedule J: You	r Expenses				12/15
Be as complete and accurate as possinformation. If more space is needed (if known). Answer every question.	sible. If two married people are filin , attach another sheet to this form.	g together, both are equally res On the top of any additional pa	ponsibl ges, wr	e for supplyin te your name	g correct and case number
Part 1: Describe Your Hous	sehold				
1. Is this a joint case?					
No. Go to line 2.  Yes. Does Debtor 2 live in a se	eparate household?				
⊠ No □ Yes. Debtor 2 must file	Official Forms 106J-2, Expenses for	Separate Household of Debtor 2.			
2. Do you have dependents?	□ No	Dependent's relationship to		Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
Do not state the dependents' names.		DAUGHTER	_1	2	U No ⊠ Yes
		DAUGHTER	_1	1	□ No ☑ Yes
		DAUGHTER	8	3	☐ No
			_		☑ Yes
			_		□ No □ Yes
					☐ No
			_		Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes				
Part 2: Estimate Your Ongoir	a Monthly Fynenses				
Estimate your expenses as of your expenses as of a date after the bank applicable date.	bankruptcy filing date unless you a kruptcy is filed. If this is a supplem	ental <i>Schedule J</i> , check the box			
Include expenses paid for with non- such assistance and have included				Your expe	nses
The rental or home ownership eany rent for the ground or lot.	xpenses for your residence. Include	e first mortgage payments and	4.	\$ <u>900.00</u>	DEPTATION AND THE HEAD OF THE PROPERTY OF T
If not included in line 4:					
4a. Real estate taxes			4a.	\$ <u>0.00</u>	
4b. Property, homeowner's, or re	enter's insurance		4b.	\$ <u>0.00</u>	
4c. Home maintenance, repair, a	and upkeep expenses		4c.	\$ <u>150.00</u>	
4d. Homeowner's association or	condominium dues		4d.	\$ 0.00	

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Debtor 1

ANDREW LYNN AKRE
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

			Your expenses
			\$ 0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		100.00
	6a. Electricity, heat, natural gas	6a.	\$ <u>129.00</u>
	вь. Water, sewer, garbage collection	6b.	\$ 90.00
1	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ <u>0.00</u>
1	6d. Other. Specify: See Attachment 1	6d.	\$_590.00
7.	Food and housekeeping supplies	7.	\$ <u>1,000.00</u>
8.	Childcare and children's education costs	8.	<u>\$_0.00</u>
9.	Clothing, laundry, and dry cleaning	9.	\$ 200.00
10.	Personal care products and services	10.	<u>\$ 210.00</u>
11.	Medical and dental expenses	11.	\$ <u>200.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$_500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>205.00</u>
14.	Charitable contributions and religious donations	14.	\$ <u>0.00</u>
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$_0.00
	15b. Health insurance	15b.	\$ 0.00
1	15c. Vehicle insurance	15c.	<b>\$_128.00</b>
:	15d. Other insurance. Specify:	15d.	\$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	16,	\$ <u>0.00</u>
	Specify:	10,	
17.	Installment or lease payments:		* 0.00
	17a. Car payments for Vehicle 1	17a.	\$ 0.00
	17b. Car payments for Vehicle 2	17b.	\$ <u>0.00</u>
	17c. Other. Specify:	17c.	<b>\$</b>
}	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	e.	
	20a. Mortgages on other property	20a,	\$ 0.00
	20b. Real estate taxes	20b.	\$ <u>0.00</u>
	20c. Property, homeowner's, or renter's insurance	20c.	\$ <u>0.00</u>
	20d. Maintenance, repair, and upkeep expenses	20d.	<u>\$ 0.00</u>
	20e. Homeowner's association or condominium dues	20e.	\$ 0.00

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Debtor 1	1	ANDREW	LYNN AKRE		Case number (if known)			
	Fi	irst Name	Middle Name	Last Name				
				e e			٠	
21. Oth	ier. Sp	ecify: See	e Attachment 2				21.	+\$_620.00
22a 22b	. Add i	lines 4 thro / line 22 (n	nonthly expens	s. es for Debtor 2), if any, fror ult is your monthly expens	m Official Form 106J-2 es.		22.	\$ 4,922.00 \$ \$ 4,922.00
23. Calc	ulate	your mon	thly net incom	e.				
23a.	Copy	y line 12 ()	your combined	monthly income) from Scho	edule I.		23a.	\$ <u>5,174.11</u>
23b.	Copy	y your moi	nthly expenses	from line 22 above.			23b.	<b>-</b> \$ <u>4,922.00</u>
23c.		-	monthly expens our <i>monthly nei</i>	ses from your monthly income.	me.		23c.	\$ <u>252.11</u>
24. Do y	ou ex	pect an ir	ncrease or dec	rease in your expenses v	within the year after you	file this form?		
				n paying for your car loan we ecrease because of a modi				
<b>□</b> N	۱o.		TING S				~	man managan sa managan ya wasay a ya a ya a ya a ya a ya a ya
: <b>1</b>	es.	Explain	here:					and a second sec
		***						
:								THE PROPERTY PARTY
-								

# Attachment Debtor: ANDREW LYNN AKRE Case No:

#### **Attachment 1**

**Description: TELEPHONE** 

Amount: \$290.00

**Description: CABLE AND INTERNET** 

Amount: \$180.00 Description: NICOR Amount: \$120.00

#### Attachment 2

**Description: DOG GROOMING** 

Amount: 60.00

**Description: SCHOOL LUNCHES** 

Amount: 100.00

**Description: OIL CHANGES** 

**Amount: 60.00** 

**Description: SCHOOL EXPENSES AND COMPUTER FEES** 

Amount: 100.00

**Description: PET SUPPLIES** 

Amount: 150.00

**Description: VETERINARY EXPENSES** 

Amount: 150.00

Fill in this information to identify your case:							
Debtor 1	ANDREW	LYNN	AKRE				
2000.	First Name	Middle Name	Last Name				
Debtor 2	LISA	MARIE	AKRE				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	Northern Distric	ct of Illinois				
Case number	(If known)						

Check if this is an amended filing

12/15

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your assets Value of what you own
	chedule A/B: Property (Official Form 106A/B) a. Copy line 55, Total real estate, from Schedule A/B	\$
11	b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>15,069.05</u>
10	c. Copy line 63, Total of all property on Schedule A/B	\$ <u>15,069.05</u>
Parí	2. Summarize Your Liabilities	
		Your liabilities Amount you owe
	chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>6,125.00</u>
	chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3	b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$ 26,543.42
	Your total liabilities	\$ <u>32,668.42</u>
Pari	Summarize Your Income and Expenses	
	chedule I: Your Income (Official Form 106I) copy your combined monthly income from line 12 of Schedule I	\$ <u>5,174.11</u>
	chedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J	\$ 4,922.00

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Deb	tor 1	ANDREW	L' Middle Name	YNN	Last Name	AKRE	_ Ca	ase number (if known)	
		Filot Hante	Introde 14ams		Edd Harris				
Pa	rt 4	Answer	These Ques	tions fo	or Admini	strative and S	tatistical Records		
6.	Are	you filing for	bankruptcy u	ınder Ch	apters 7, 1	I1, or 13?			
	□ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. □ Yes								
7.	Wha	t kind of deb	t do you have	?					
	X ·	Your debts ar family, or hous	re primarily co sehold purpose	onsumer e." 11 U.S	r <b>debts.</b> Co S.C. § 101(	nsumer debts are 8). Fill out lines 8-	those "incurred by ar 10 for statistical purpo	n individual primarily for a oses. 28 U.S.C. § 159.	a personal,
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
8.	<b>Froi</b> Forr	m the <i>Statem</i> n 122A-1 Line	ent of Your Co e 11; OR, Form	urrent M 122B Li	lonthly Inc ne 11; OR,	ome: Copy your to Form 122C-1 Lind	otal current monthly in e 14.	ncome from Official	\$ <u>7,721.74</u>
9.	9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:								
								Total claim	
	Fr	om Part 4 on	Schedule E/F	, copy ti	he followir	ıg:			
	9a. i	Domestic supp	port obligations	s (Copy li	ine 6a.)			\$ <u>0.00</u>	
	9b.	Taxes and cer	rtain other debt	ts you ov	ve the gove	rnment. (Copy lin	e 6b.)	\$ <u>0.00</u>	
	9c. (	Claims for dea	ath or personal	injury wł	hile you we	re intoxicated. (Co	ppy line 6c.)	\$_0.00	
	9d.	Student loans	. (Copy line 6f.	)				\$ <u>2,458.38</u>	
	9e.	Obligations ar priority claims	ising out of a s . (Copy line 6g	eparatio	n agreemei	nt or divorce that y	ou did not report as	\$ <u>0.00</u>	
	9f.	Debts to pens	ion or profit-sh	aring pla	ins, and oth	ner similar debts. (	Copy line 6h.)	+ \$ 0.00	
	9g. '	Total. Add lin	es 9a through	9f.				<sub>\$.</sub> 2,458.38	

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Fill in this information to identify your case:							
Debtor 1	ANDREW LYNN AKRE						
	First Name	Middle Name	Last Name				
Debtor 2	LISA MARIE AKRE						
(Spouse, if filing	g) First Name	Middle Name	Last Name				
United States	s Bankruptcy Court for the: _	Norther	District Of Illinois				
Case numbe	Γ						
(If known)							

☐ Check if this is an amended filing

### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an a	attorney to help you fill out bankruptcy forms?
⊠ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the that they are true and correct.	summary and schedules filed with this declaration and
* s/ANDREW LYNN AKRE (MAY) Pand (M.	s/LISA MARIE AKRE LESSER
Signature of Debtor 1	Signature of Debtor 2
Date 02/05/2016 MM / DD / YYYY	Date 02/05/2016 MM / DD / YYYY

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Fill in this in	formation to identify	your case:	
Debtor 1	ANDREW	LYNN	AKRE
20200.	First Name	Middle Name	Last Name
Debtor 2	LISA	MARIE	AKRE
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern District of Illinois	
Case number (If known)			

☐ Check if this is an amended filing

### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details About Your Marital State	us and Where Yo	u Lived Before	
X N	is your current marital status? Married Not married			
X	ng the last 3 years, have you lived anywhere o lo 'es. List all of the places you lived in the last 3 ye			
	Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	Number Street	From To	Same as Debtor 1  Number Street	Same as Debtor 1  From To
	City State ZIP Code	ers a san a mandamakan matanakan ak kerentara	City State ZIP Code	
	Number Street	From To	Number Street	Same as Debtor 1  From To
3. With	City State ZIP Code	ouse or legal equiv	City State ZIP Code	Community property states
and : ⊠ N	<i>territorie</i> s include Arizona, California, Idaho, Lou	isiana, Nevada, Nev	v Mexico, Puerto Rico, Texas, Washington, and Wisco	onsin.)

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ANDREW LYNN AKRE

Debtor 1

# 1 ANDREW LYNN AKRE First Name Middle Name Last	Name	Case nui	The transfer of the transfer o	
1 2: Explain the Sources of Your Inc	ome			
Did you have any income from employmen Fill in the total amount of income you received If you are filing a joint case and you have inco  ☐ No	i from all jobs and all busi	nesses, including part-tim	ne activities.	dar years?
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$ <u>0.00</u>	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$ <u>0.00</u>
For last calendar year: (January 1 to December 31, 2015 YYYY		\$ 78,219.39	<ul><li>☑ Wages, commissions, bonuses, tips</li><li>☑ Operating a business</li></ul>	\$ 17,158.79
For the calendar year before that:	Wages, commissions, bonuses, tips	\$ 69,849.70	Wages, commissions, bonuses, tips	<b>\$ 17,724.65</b>
nclude income regardless of whether that inc and other public benefit payments; pensions;	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; div	ous calendar years? of other income are alimidends; money collected	l from lawsuits; royalties; ar	Security, unemploymen
Did you receive any other income during the notice income regardless of whether that income of other public benefit payments; pensions; winnings. If you are filing a joint case and you list each source and the gross income from e	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; divided have income that you rec	ous calendar years? of other income are alim vidends; money collected eived together, list it only	nony; child support; Social S I from lawsuits; royalties; ar r once under Debtor 1.	Security, unemploymer
Did you receive any other income during the nclude income regardless of whether that income other public benefit payments; pensions; vinnings. If you are filing a joint case and you list each source and the gross income from e	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; divided have income that you rec	ous calendar years? of other income are alim vidends; money collected eived together, list it only	nony; child support; Social S I from lawsuits; royalties; ar r once under Debtor 1.	Security, unemploymer
Did you receive any other income during the notice income regardless of whether that income other public benefit payments; pensions; vinnings. If you are filing a joint case and you list each source and the gross income from e	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; divided have income that you receated source separately. Do	ous calendar years? of other income are alim vidends; money collected eived together, list it only	nony; child support; Social S I from lawsults; royalties; an once under Debtor 1. : you listed in line 4.	Security, unemployment of gambling and lottery and lottery gross income from each source
Did you receive any other income during the include income regardless of whether that include income regardless of whether that include other public benefit payments; pensions; vinnings. If you are filing a joint case and you sist each source and the gross income from each source and the gross income from each yes. Fill in the details.  From January 1 of current year until	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alim ridends; money collected eived together, list it only o not include income that  Gross income from each source (before deductions and	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gecurity, unemployment gambling and lottery  Gross income from each source (before deductions an
Did you receive any other income during the clude income regardless of whether that income other public benefit payments; pensions; vinnings. If you are filing a joint case and you ist each source and the gross income from e	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only on not include income that  Gross income from each source (before deductions and exclusions)	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gecurity, unemployment gambling and lottery and gambling and lottery and gambling and lottery and gambling an
Did you receive any other income during the include income regardless of whether that include in	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only on not include income that  Gross income from each source (before deductions and exclusions)	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gecurity, unemployment gambling and lottery  Gross income from each source (before deductions an
Did you receive any other income during the notive income regardless of whether that income other public benefit payments; pensions; winnings. If you are filing a joint case and you list each source and the gross income from each source.  No Yes. Fill in the details.	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only to not include income that  Gross income from each source (before deductions and exclusions)  \$	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Tyou listed in line 4.  Debtor 2  Sources of income Describe below.	Security, unemploymen and gambling and lottery Gross income from each source (before deductions and
Did you receive any other income during the include income regardless of whether that include	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only to not include income that  Gross income from each source (before deductions and exclusions)  \$	nony; child support; Social S I from lawsuits; royalties; and once under Debtor 1. I you listed in line 4.  Debtor 2  Sources of income Describe below.	Security, unemploymen and gambling and lottery Gross income from each source (before deductions and
Did you receive any other income during the notice income regardless of whether that income other public benefit payments; pensions; winnings. If you are filing a joint case and you list each source and the gross income from the list each s	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only to not include income that  Gross income from each source (before deductions and exclusions)  \$	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Eyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gecurity, unemployment gambling and lottery  Gross income from each source (before deductions an
Did you receive any other income during the Include income regardless of whether that include income regardless of whether that include and other public benefit payments; pensions; winnings. If you are filing a joint case and you List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, YYYY)	Operating a business  nis year or the two previousme is taxable. Examples rental income; interest; dishave income that you receath source separately. Do  Debtor 1  Sources of income	ous calendar years? of other income are alimidends; money collected eived together, list it only on the include income that  Gross income from each source (before deductions and exclusions)  \$	nony; child support; Social Strom lawsuits; royalties; and once under Debtor 1.  Eyou listed in line 4.  Debtor 2  Sources of income Describe below.	Gross income from each source (before deductions an exclusions)

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 Debtor 1
 ANDREW LYNN AKRE
 Case number (# known)

 First Name
 Middle Name
 Last Name

art 3:	List Certain Payn						
Aro oitl	her Debtor 1's or Deb	itor 2'e debi	te primarily co	neumer deht	e?		
			- •				
□ No.	. Neither Debtor 1 no incurred by an indiv					e defined in 11 U.S.C. § 101	(8) as
		-	-	=	y any creditor a total of	\$6,225* or more?	
	☐ No. Go to line 7.						
	total amour	nt you paid th	hat creditor. Do	not include pa		or more payments and the pport obligations, such as his bankruptcy case.	
	* Subject to adjustm	ent on 4/01/	16 and every 3	years after the	at for cases filed on or at	fter the date of adjustment.	
⊠ Yes	s. Debtor 1 or Debtor	2 or both h	ave primarily	consumer del	bts.		
	During the 90 days t	oefore you fil	led for bankrup	otcy, did you pa	y any creditor a total of	\$600 or more?	
	No. Go to line 7.						
	creditor. Do	not include	payments for	domestic supp	\$600 or more and the to ort obligations, such as ort obligations, such as ort obligations, such as or other transfer of the total amount paid		Was this payment for
	Creditor's Name				\$	\$	Mortgage
							☐ Car
	Number Street						Credit card
							Loan repayment
							☐ Suppliers or vendors ☐ Other
	City	State	ZIP Code				□ Other
	Creditor's Name				\$	\$	Mortgage
							☐ Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other
					\$	\$	☐ Mortgage
						Ψ	
	Creditor's Name				*	Ψ	
					*	¥	☐ Car
	Creditor's Name  Number Street				,		☐ Car☐ Credit card
					<u> </u>	Ψ	Car Credit card Loan repayment
		State	ZIP Code		<u> </u>	<b>*</b>	☐ Car☐ Credit card

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Case number (if known)\_\_\_\_

ANDREW LYNN AKRE

Debtor 1

Insid corp age	hin 1 year before you filed for bankruptcy, ders include your relatives; any general partn porations of which you are an officer, director, nt, including one for a business you operate a h as child support and alimony.	ers; relatives of any g , person in control, or	jeneral partners; partners; partners; partners	artnerships of which nore of their voting s	you are a general partner; securities; and any managing
X	No				
	Yes. List all payments to an insider.				
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
			\$	\$	
	Insider's Name			•	
	Number Street				
	ago, ago da				
	City State ZIP Cod	e		2222, 2,777, 17, 27, 202,000,000	
			\$	\$	
	Insider's Name				
	Number Street				
	City State ZIP Cod	<del></del>			
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.	ayments or transf Total amount	er any property on	account of a debt that benefited  Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosigr	did you make any p ned by an insider. er.			
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosigr	did you make any paned by an insider.  er.  Dates of	Total amount	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider? ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insid	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider?  ude payments on debts guaranteed or cosign No  Yes. List all payments that benefited an insidential insider's Name  Number Street	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider?  ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insider's Name  Number Street  City State ZIP Cocinsider's Name	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment
an i Incl	hin 1 year before you filed for bankruptcy, insider?  ude payments on debts guaranteed or cosign No Yes. List all payments that benefited an insider's Name  Number Street  City State ZIP Cocinsider's Name	did you make any paned by an insider.  er.  Dates of payment	Total amount paid	Amount you still	Reason for this payment

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Case number (if known)\_

ANDREW LYNN AKRE

Debtor 1

Within 1 year before you filed for bankru List all such matters, including personal inju and contract disputes.	ptcy, were you a party in any law ıry cases, small claims actions, div	suit, court action, or administrative propriets, collection suits, paternity actions, s	oceeding? support or custody modification
□ No			
Yes. Fill in the details.			Status of the same
	Nature of the case	Court or agency	Status of the case
CPEDITOR'S DISCOUNT	MEDICAL COLLECTIONS	GRUNDY COUNTY CIRCUIT CO	URT Pending
Case title CREDITOR'S DISCOUNT		Court Name	On appeal
See Attachment 1	_	111 E. WASHINGTON ST.	Concluded
		Number Street	Concluded
Case number 2015 SC 442	_	MORRIS IL 60450	
		City State ZIP Code	)
Case title		Court Name	Pending
		***	On appeal
	-	Number Street	Concluded
Casa www.han		THE STATE OF THE S	
Case number		City State ZIP Code	<b>3</b>
	Describe the propert	y Date	Value of the property
No. Go to line 11. Yes, Fill in the information below.  Creditor's Name	Describe the propert	y Date	Value of the property
Yes, Fill in the information below.  Creditor's Name			Value of the property
Yes. Fill in the information below.	Describe the propert		
Yes. Fill in the information below.  Creditor's Name	Explain what happen	ed appossessed.	
Yes. Fill in the information below.  Creditor's Name	Explain what happen  Property was n	ed epossessed. preclosed.	
Yes. Fill in the information below.  Creditor's Name	Explain what happen  Property was form Property was form	ed  appossessed.  preclosed.  arnished.	
Yes. Fill in the information below.  Creditor's Name  . Number Street	Explain what happen  Property was form Property was form	ed epossessed. preclosed.	
Yes. Fill in the information below.  Creditor's Name  Number Street	Explain what happen  Property was n  Property was g	ed epossessed. preclosed. arnished. attached, seized, or levied.	\$
Yes. Fill in the information below.  Creditor's Name  Number Street	Explain what happen  Property was not be property was for the property was good property was a p	ed epossessed. preclosed. arnished. attached, seized, or levied.	\$Value of the propert
Yes. Fill in the information below.  Creditor's Name   Number Street	Explain what happen  Property was not be property was for the property was good property was a p	ed epossessed. preclosed. arnished. attached, seized, or levied.	\$Value of the propert
Yes. Fill in the information below.  Creditor's Name  .  Number Street	Explain what happen  Property was not be property was for the property was good property was a p	ed epossessed. preclosed. arnished. attached, seized, or levied.	Value of the propert
Yes. Fill in the information below.  Creditor's Name  . Number Street  City State Zi	Explain what happen  Property was not be property was for the property was good property was a p	ed epossessed. preclosed. arnished. attached, seized, or levied.	Value of the propert
Yes. Fill in the information below.  Creditor's Name  . Number Street  City State Zi	Explain what happen  Property was for Property was good Property was a Describe the property	ed  spossessed.  preclosed.  jarnished.  ittached, seized, or levied.  y  Date	Value of the propert
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Yes. Fill in the information below.  Creditor's Name  Number Street  City State Zi	Explain what happen  Property was form Property was good Property was a percent was a	ed  spossessed.  preclosed.  arnished.  ittached, seized, or levied.  y  Date	Value of the propert
Yes. Fill in the information below.  Creditor's Name  . Number Street  City State Zi	Explain what happen  Property was for Property was good Property was a percent was a p	ed epossessed. preclosed. parnished. pattached, seized, or levied.  y  Date  ped epossessed. preclosed.	Value of the propert

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1 ANDREW LYNN AKRE First Name Middle Name Last N	Case numb	er (if known)
FIIST Mattie Micone Mattie Last M	valle	
	tcy, did any creditor, including a bank or financial	institution, set off any amounts from your
nccounts or refuse to make a payment beca	ause you owed a debt?	
☑ No ☑ Yes, Fill in the details.		
163. Fill III III Cotolis.		
	Describe the action the creditor took	Date action Amount was taken
Creditor's Name		
		\$
Number Street		
	4	
City State ZIP Code	Last 4 digits of account number: XXXX	V-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D
		e allo basselle e
Within 1 year before you filed for bankrupto creditors, a court-appointed receiver, a cus	cy, was any of your property in the possession of a	an assignee for the benefit of
No		
☐ Yes		
rt 5: List Certain Gifts and Contribut	tions	
Within 2 years before you filed for bankrupt	tcy, did you give any gifts with a total value of mo	re than \$600 per person?
Within 2 years before you filed for bankrupt ☑ No	tcy, did you give any gifts with a total value of mor	re than \$600 per person?
•	tcy, did you give any gifts with a total value of moi	re than \$600 per person?
☑ No ☑ Yes. Fill in the details for each gift.		
☑ No	tcy, did you give any gifts with a total value of mon	re than \$600 per person? Dates you gave Value the gifts
<ul><li>No</li><li>Yes. Fill in the details for each gift.</li><li>Gifts with a total value of more than \$600</li></ul>		Dates you gave Value
<ul> <li>No</li> <li>Yes. Fill in the details for each gift.</li> <li>Gifts with a total value of more than \$600 per person</li> </ul>		Dates you gave Value
<ul><li>No</li><li>Yes. Fill in the details for each gift.</li><li>Gifts with a total value of more than \$600</li></ul>		Dates you gave Value
<ul> <li>No</li> <li>Yes. Fill in the details for each gift.</li> <li>Gifts with a total value of more than \$600 per person</li> </ul> Person to Whom You Gave the Gift		Dates you gave Value
<ul> <li>No</li> <li>Yes. Fill in the details for each gift.</li> <li>Gifts with a total value of more than \$600 per person</li> </ul>		Dates you gave Value
<ul> <li>No</li> <li>Yes. Fill in the details for each gift.</li> <li>Gifts with a total value of more than \$600 per person</li> </ul> Person to Whom You Gave the Gift		Dates you gave Value
No     Yes. Fill in the details for each gift.      Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave Value
<ul> <li>No</li> <li>Yes. Fill in the details for each gift.</li> <li>Gifts with a total value of more than \$600 per person</li> </ul> Person to Whom You Gave the Gift		Dates you gave Value
No     Yes. Fill in the details for each gift.      Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you	Describe the gifts	Dates you gave Value the gifts  \$\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code		Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave Value the gifts  \$\$ \$  Dates you gave Value

Official Form 107

ANDREW LYNN AKRE

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Case number (if known)\_

ANDREW LYNN AKRE

Debtor 1

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.	4 18/ithin	a 2 years hefere you filed for hantrunte	did you give any giffs ar contributions with a total value.	of more than \$600	to any abasity?
Siste or contributions to charities that total more than \$6.00   Value contributed   Date you contributed   Same contributed			y, and you give any gitts or contributions with a total value	or more than \$500	to any charity?
That total more than \$600 contributed  Charley's Name  Runder Silveet  City State ZilP Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss includes the amount that insurance has paid. List pending insurance fost of your loss. Value of property fost of your loss occurred.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  Describtion and value of any property transferred  Date payment or transfer was made.  DEBTORCC, INC.  Person Who Wes Pried  Number Street  Date 2IP Cose  Description and value of any property transferred  Date payment or transfer was made.  S			oution.		
Title   List Certain Losses			Describe what you contributed		Value
Title   List Certain Losses					
Rumber Street  City State ZIP Code  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of thoff, fire, other disaster, or gambling?  No  Pescribe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AAS, Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  No  Yes, Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Description and value of any property transferred  Date payment or transfer was made  O1/28/16 \$ 15.00	- Ch	auth /a hlama			\$
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Pescribe the property you lost and how the loss include the amount that increase has paid. List pending insurance coverage for the loss occurred  Date of your loss Value of property lost or property fost include the amount that increase has paid. List pending insurance  Sufficiently the fore you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any altorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  DESTORCC, INC. Purson Who Wise Paid  Number Street  DESTORCC, INC. Purson Who Wise Paid  Number Street  DESTORCC Steel ZIP Code	CII	ianty's rearne			_
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Pescribe the property you lost and how the loss occurred lost include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule Arts. Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  DEBTORCC, INC. Person Who Was Paid  Number Street  DIA State ZIP Code  Number Street  DIA State ZIP Code	Nu	umber Street			5
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disastor, or gambling?  No Pescribe the property you lost and how the loss occurred because of the loss include the amount that insurance coverage for the loss place of your loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  DEBTORCC, INC. Person Who Was Paid  Number Street  Date payment or transfer was made  Date payment or transfer was made  O1/28/16 \$15.00  10/128/16 \$15.00	<u> </u>	-			
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disastor, or gambling?  No Pescribe the property you lost and how the loss occurred because of the loss occurred be		i i i i i i i i i i i i i i i i i i i			
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property.  \$  **Tt 7:** List Certain Payments or Transfers**  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any altorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred Date payment or transfer was made  DEBTORCC, INC.  Person Who Was Paid  Number Street  O1/28/16  \$ 15.00  \$	City	y State ZIP Code			
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Pes. Fill in the details.  Describe the property you lost and how the loss occurred loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred transfer was made  Description and value of any property transferred transfer was made  O1/28/16 \$ 15.00 \$					
or gambling?  In No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Date payment or transfer was made  Amount of payment transfer was made  Divized.  Number Street  O1/28/16 \$ 15.00	rt 6:	List Certain Losses			
or gambling?  In No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Description and value of any property transferred  Divided any attorneys bankruptcy petition preparers.  Amount of payment transfer was made  O1/28/16 \$ 15.00 \$  Since Include a ZIP Code	Withir	n 1 vear before you filed for bankruptcy	or since you filed for bankruptcy, did you lose anything be	ecause of theft. fire	. other disaster.
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Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Description and value of any property transferred  Date payment or transfer was made  O1/28/16  \$ 15.00  City State ZIP Code					
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  \$	<b>□</b> Ye	es. Fill in the details.			
## List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Number Street  O1/28/16 \$ 15.00 \$  \$					
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Date payment or transfer was made  O1/28/16  \$15.00  \$			Include the amount that insurance has paid. List pending insurance	Date of your loss	
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Date payment or transfer was made  O1/28/16  \$15.00  \$			Include the amount that insurance has paid. List pending insurance	Date of your loss	
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  DEBTORCC, INC.  Person Who Was Paid  Number Street  Diate payment or transfer was made  O1/28/16  \$ 15.00  \$			Include the amount that insurance has paid. List pending insurance	Date of your loss	
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details.  Description and value of any property transferred  DEBTORCC, INC.  Person Who Was Paid  Number Street  Diate payment or transfer was made  O1/28/16  \$ 15.00  \$			Include the amount that insurance has paid. List pending insurance	Date of your loss	
consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  □ No □ Yes. Fill in the details.  □ DEBTORCC, INC. □ Person Who Was Paid □ Number Street □ City State ZIP Code □ State ZIP Code □ State ZIP Code □ State ZIP Code □ State Sta	***************************************	he loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	
Yes. Fill in the details.  DEBTORCC, INC. Person Who Was Paid  Number Street  City State ZIP Code  Description and value of any property transferred transferred  Date payment or transfer was made  O1/28/16 \$15.00 \$	ti	he loss occurred  List Certain Payments or Transf	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		\$
Yes. Fill in the details.  Description and value of any property transferred  Date payment or transfer was made  Number Street  City State ZIP Code  Date payment or transfer was made  Amount of payment or transfer was made  91/28/16 \$ 15.00 \$ \$	rt 7: Within	List Certain Payments or Transf n 1 year before you filed for bankruptcy ulted about seeking bankruptcy or prep	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Gers  7, did you or anyone else acting on your behalf pay or transparing a bankruptcy petition?	fer any property to	\$
DEBTORCC, INC. Person Who Was Paid  Number Street  City State ZIP Code  Description and value of any property transferred  Date payment or transfer was made  Amount of payment  01/28/16 \$ 15.00 \$	rt 7: Within consu	List Certain Payments or Transf n 1 year before you filed for bankruptcy ulted about seeking bankruptcy or prep e any attorneys, bankruptcy petition prep	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Gers  7, did you or anyone else acting on your behalf pay or transparing a bankruptcy petition?	fer any property to	\$
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	Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of payment
MALMQUIST AND GEIGER Person Who Was Paid	4	and the second s	04/00/40	- 040 00
415 LIBERTY ST.			01/29/16	\$ <u>310.00</u>
Number Sueet				\$
MORRIS         IL         60450           City         State         ZIP Code				
Email or website address			Pontage and the state of the st	
Person Who Made the Payment, if Not You			in the control of the	
Yes. Fill in the details.	Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of payme
Yes. Fill in the details.	Description and value of any property tr	ansferred		Amount of payme
Person Who Was Paid				
			<u> </u>	\$
Number Street			į.	
				\$
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ebtor 1	ANDREW LYNN AKRE First Name Middle Name Last 7	lame	Case number (#knov	vn)	
9. Withi are a	n 10 years before you filed for bankrup beneficiary? (These are often called as	otcy, did you transfer any property set-protection devices.)	to a self-settled trust	or similar device of whi	ich you
⊠ N □ Y	lo res. Fill in the details.				
		Description and value of the prope	ty transferred		Date transfer was made
N	lame of trust				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-			Annyo da marana da		
art 8:	List Certain Financial Accounts	, Instruments, Safe Deposit E	oxes, and Storage	Units	
close Inclu brok	in 1 year before you filed for bankrupto ed, sold, moved, or transferred? ide checking, savings, money market, erage houses, pension funds, coopera lo fes. Fill in the details.	or other financial accounts; certi	icates of deposit; shar		
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Name of Financial Institution	xxxx	Checking		\$
	Number Street		☐ Savings ☐ Money market ☐ Brokerage		
	City State ZIP Code	and the second second	Other		
	Name of Financial Institution	xxxx	☐ Checking☐ Savings		\$
	Number Street		☐ Money market ☐ Brokerage ☐ Other		
	City State ZIP Code		G Other		
secu X N	ou now have, or did you have within 1 irities, cash, or other valuables? No /es. Fill in the details.	year before you filed for bankrup	tcy, any safe deposit b	ox or other depository	for
	vo, i in in the details.	Who else had access to it?	Describe th	e contents	Do you still have it?
	Name of Financial Institution	Name	Water and the second of the se		☐ No ☐ Yes
	Number Street	Number Street			
		City State ZIP Code			W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

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		AKRE		Case number (if known)	
	First Name Middle I	Name	Last Name	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ou stored property ir	n a storage u	ınit or place other than your home witi	nin 1 year before you filed for bankruptc	y?
ĭ No					
L Yes	. Fill in the details.			_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>-</b>
			Who else has or had access to it?	Describe the contents	Do you sti have it?
				The state of the s	<u> </u>
	<u></u>				☐ No
Na	ame of Storage Facility		Name		☐ Yes
_			<del></del>		
Nt	umber Street		Number Street		
_		<del> </del>	CityState ZIP Code		L.
			Ony state zir osde		,
Ci	ty s	State ZIP Cod	le		
rt 9:	Identify Prope	rty You Ho	ld or Control for Someone Else		
Πα ναι	hold or control any	v property th	at someone else owns? Include any n	roperty you borrowed from, are storing	for
	d in trust for someo		at bottleone clos owner melade any p	roporty you borrowou from and otorning	,
No No					
_	s. Fill in the details.				
			Where is the property?	Describe the property	Value
_			<u> </u>		
O	wner's Name				\$
No.	umhar Straet		Number Street		Books
No	umber Street		Number Street		
No.	umber Street		Number Street		
		State ZIP Cod	City State Zi	P Code	
 Ci	ity S		City State Zi	P Code	
 Ci	ity S		City State Zi	P Code	
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ci tt 10: the pu Enviro	Give Details A  urpose of Part 10, the	About Environment following of any federal,	City State Zi  onmental Information  definitions apply: state, or local statute or regulation co	oncerning pollution, contamination, relea	
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ANDREW LYNN AKRE		Case number (if known)	
First Name Middle Name	Last Name		
lave you notified any governmental	unit of any release of hazardous n	natarial?	
	unit of any release of hazardous in	naterial :	
☑ No ☑ Yes. Fill in the details.			
Tes. The in the details.	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street	English of the state of the sta	
***************************************	City State ZIP C		
City State ZIP	Code		
	20000000000000000000000000000000000000	**************************************	
łave you been a party in any judicia	I or administrative proceeding und	der any environmental law? Include settlements	and orders.
No No			
Yes. Fill in the details.			Status of the
	Court or agency	Nature of the case	case
Case title			<b>D</b>
	Court Name		Pending
	, <u>.</u>		On appea
	Number Street		☐ Conclude
Case number			
Case numer	City State	ZIP Code	
1 11 Give Details About Yo	ur Business or Connections to	A Project	
☐ A member of a limited liabilit☐ A partner in a partnership☐ An officer, director, or mana	ty company (LLC) or limited liability  ging executive of a corporation  ne voting or equity securities of a c		
Yes. Check all that apply above		ch business.	
	Describe the nature of the I		
Business Name	DAMAN DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DE	Do not include Social s	Security number or ITIN.
		EIN:	
Number Street	None of an archael archael	okkeeper Dates business existe	d
	Name of accountant or boo	Wireches Aylotes	•
	5 C C C C C C C C C C C C C C C C C C C	From To	<u> </u>
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		EIN:	
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## Case 16-04031 Doc 1 Filed 02/10/16 Entered 02/10/16 11:05:48 Desc Main Document Page 61 of 69

ebtor 1	ANDREW LYNN AKRE First Name Middle Name Last I	Case number (if known)			
			S. Maria and C.		
		Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.		
	Business Name		EIN:		
	Number Street	Name of accountant or bookkeeper	Dates business existed		
			From To		
	City State ZIP Code		10		
	Lin Ourse has a second standard for hondry	tou did you sive a financial statement to anyone ab	out your business? Include all financial		
	nin 2 years betore you filed for bankrup titutions, creditors, or other parties.	tcy, did you give a financial statement to anyone abo	but your business? Include all Infancial		
X					
	Yes. Fill in the details below.	Data laguad			
		Date issued			
	Name				
	valle	MM / DD / YYYY			
	Number Street				
	20 20 A				
	City State ZIP Code				
Part 1	2: Sign Below				
	_		- Control of the Cont		
an in	iswers are true and correct. I understan	at of Financial Affairs and any attachments, and I de ad that making a false statement, concealing proper a result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1			
5	S/ANDREW LYNN AKRE	WATE SILISA MARIE AKRE	-A N NO /		
	Signature of Debtor 1	Signature of Debtor 2			
	Date 5 February 2016	Date 5 February 2016			
Di		Statement of Financial Affairs for Individuals Filing f	or Bankruptcy (Official Form 107)?		
	No I Yes				
P.	id vou nav or agras to nav compone wh	o is not an attorney to help you fill out bankruptcy fo	orms?		
	a you pay or agree to pay someone will No	o io not an accomey to neip you in our bankiuptey it			
	Yes. Name of person		h the <i>Bankruptcy Petition Preparer's Notice,</i> claration, and Signature (Official Form 119).		

# Attachment Debtor: ANDREW LYNN AKRE Case No:

Attachment 1

AND AUDIT V. ANDREW AKRE AND LISA AKRE

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS

In 1	re	ANDREW LYNN AKR	E and LISA MARIE AKRE	
				Case No.
Del	btor			Chapter 13
		DISCLOSUR	RE OF COMPENSATION OF A	TTORNEY FOR DEBTOR
1.	nan ban	med debtor(s) and that con akruptcy, or agreed to be p	npensation paid to me within one	certify that I am the attorney for the above year before the filing of the petition in or to be rendered on behalf of the debtor(s) in as follows:
	For	r legal services, I have agr	reed to accept	\$ <u>4,000.00</u>
	Prie	or to the filing of this state	ement I have received	\$_0.00
	Bal	lance Due		\$ <u>4,000.00</u>
2.	The	e source of the compensat	ion paid to me was:	
		X Debtor	Other (specify)	
3.	The	e source of compensation	to be paid to me is:	
		X Debtor	Other (specify)	
4.		X I have not agreed to members and associates	share the above-disclosed compe of my law firm.	nsation with any other person unless they are
		I have agreed to sha members or associates o people sharing in the con	of my law firm. A copy of the agree	tion with a other person or persons who are not bement, together with a list of the names of the
5.		return for the above-disclose, including:	osed fee, I have agreed to render l	egal service for all aspects of the bankruptcy
	a.	Analysis of the debtor's file a petition in bankrup		advice to the debtor in determining whether to
	b.	Preparation and filing of	f any petition, schedules, statemer	nts of affairs and plan which may be required;
	c.	Representation of the de hearings thereof;	ebtor at the meeting of creditors an	nd confirmation hearing, and any adjourned

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B2030 (	Form	2030)	(12/15)
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d.	Representation-	of-the	debtor-in	-advere	ary proceedings	and other	-contested-	bankrupte	y-matters:-
----	-----------------	--------	-----------	---------	-----------------	-----------	-------------	-----------	-------------

e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 5, 2016

s/James M. Durkee

Date

Signature of Attorney

Malmquist and Geiger

Name of law firm

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AGHA MEDICAL INC. 1603 WOODLAND LN. BOLINGBROOK, IL 60490

ANKLE AND FOOT CENTER OF FOX VALLEY, LTD 620 N. RIVER DR., SUITE 104 NAPERVILLE, IL 60563

AT&T C/O DIVERSIFIED CONSULTANTS, INC. P.O. BOX 551268 JACKSONVILLE, FL 32255

ATG CREDIT 1700 W. CORTLAND ST., SUITE 2 CHICAGO, IL 60622

ATI PHYSICAL THERAPY C/O TRANSWORLD SYSTEMS 507 PRUDENTIAL RD. HORSHAM, PA 19044

CAPITAL ONE BANK, N.A. C/O PORTFOLIO RECOVERY ASSOCIATES, LLC 120 CORPORATE BLVD. NORFOLK, VA 23502

CHOICE RECOVERY 1550 OLD HENDERSON RD. ST COLUMBUS, OH 43220

COAL CITY DENTAL CENTER 645 E. DIVISION COAL CITY, IL 60416

CREDITOR'S DISCOUNT AND AUDITO COMPANY 415 E. MAIN ST. STREATOR, IL 61364

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DEPT OF ED/NAVIENT P.O. BOX 9635 WILKES BARRE, PA 18733

ENHANCED RECOVERY CO 8014 BAYBERRY RD. JACKSONVILLE, FL 32256

ENT SURGICAL CONSULTANTS LTD. 2201 GLENWOOD AVE. JOLIET, IL 60435

EPIC GROUP, S.C. P.O. BOX 88087 CHICAGO, IL 60680

FIRST PREMIER BANK 601 S. MINNESOTA AVE. SIOUX FALLS, SD 57104

GM FINANCIAL 4001 EMBARCADERO ARLINGTON, TX 76014

GM FINANCIAL P.O. BOX 181145 ARLINGTON, TX 76096

HINSDALE ORTHOPAEDICS P.O. BOX 914 LA GRANGE, IL 60525

INSTITUTE FOR PERSONAL DEVELOPMENT 1401 LAKEWOOD DR., SUITE A MORRIS, IL 60450

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KEYNOTE CONSULTING, INC. 220 W. CAMPUS DR., SUITE 102 ARLINGTON HEIGHTS, IL 60004

LAW OFFICE OF MICHAEL R. NAUGHTON P.O. BOX 10 MANHATTAN, IL 60442

MERCHANTS' CREDIT GUIDE CO. 233 W. JACKSON BLVD. #700 CHICAGO, IL 60606

MIDSTATE COLLECTION SO P.O. BOX 3292 CHAMPAIGN, IL 61826

MIRAMED REVENUE GROUP DEPT 77304 P.O. BOX 77000 DETROIT, MI 48277

MORRIS HOSPITAL 150 W. HIGH ST. MORRIS, IL 60450

NAVIENT
P.O. BOX 9533
WILKES-BARRE, PA 18773-9533

NORTH SUBURBAN GASTROENTEROLOGY ASSOC., 711 W. DEVON PARK RIDGE, IL 60068

PORTFOLOIO RECOVERY ASSOCIATES 120 CORPORATE BLVD. SUITE 1 NORFOLK, VA 23502

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PRESENCE HEALTH
PATIENT FINANCIAL SERVICES
621 17TH ST., SUITE 1800
DENVER, CO 80293

REZIN ORTHOPEDICS & SPORT 1051 W. US RTE 6, SUITE 100 MORRIS, IL 60450

SANTANDER P.O. BOX 560284 DALLAS, TX 75356

TEK-COLLECT INC. 871 PARK ST. COLUMBUS, OH 43215

THE CASH STORE 281 E. US RTE. 6 MORRIS, IL 60450

VISION FINANCIAL SERVICES 1900 W. SEVERS RD. LAPORTE, IN 46350

WORLD FINANCE CORP 306 E. HIGH ST. MORRIS, IL 60450

WORLD WIDE FINANCE 1459 DIVISION ST. MORRIS, IL 60450 Case 16-04031 Doc 1 Filed 02/10/16 Entered 02/10/16 11:05:48 Desc Main Document Page 69 of 69

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:	Bankruptcy Case Number:
	ANDREW LYNN AKRE and LISA MARIE AKRE
	VERIFICATION OF CREDITOR MATRIX
	Number of Creditors:
The at	bove named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) edge.
Dated:	February 5, 2016  s/ANDREW LYNN AKRE White Debtor
	s/LISA MARIE AKRE Lisa Dint Debtor